# TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RATIONS .

SUBJECT:

Kitchen Encounters of Clay County LiC

500002427645--8 -02/11/98--01061--001 \*\*\*\*293.75 \*\*\*\*293.75

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit \$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

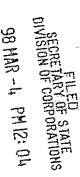
FROM: M. Brett Hutchings

not! Name Availability Document KWM Examiner KWM. **Updater** Updater Daytime Telephone number KWM Verifyer Acknowledgement K : MKWM W. P. Verifyer

27

### TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



SUBJECT:

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

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FROM:	M. Brett Hutchings Name (Printed or typed)
<del></del>	410 Walnut St.
	Green Cove Springs F/ 32043  City, State & Zip 1
	(904) 284-7713
	Daytime Telephone number



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 17, 1998

M. BRETT HUTCHINGS 410 WALNUT ST. GREEN COVE SPRINGS, FL 32043

SUBJECT: KITCHEN ENCOUNTERS, L.C.

Ref. Number: W98000003512

We have received your document for KITCHEN ENCOUNTERS, L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Letter Number: 198A00008973

Kenny Manning Corporate Specialist MAR -4 PM 12: 05

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	98 MAR	DIVISION
Kitchen Encounters of Clay County L.C.		TARY OF STA
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability C		
The mailing address and street address of the principal office of the Elimited Elability C	Omp	illy is.
410 Walnut St.		
Green Cove Springs F1 32043		
ARTICLE III - Duration:		
The period of duration for the Limited Liability Company shall be:		
perpetual		

ARTICLE IV - Management: (check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

M. Brett Hutchings
410 Walnut St
Green Cove Spring, P1 32043

Diane E: Hutchings
410 Walnut St.
Green Cove Spring, F1 32043

Green Cove Spring, F1 32043

H. Lee Graham
410 walnut st.
Green Cove Spring, P132043
baura Graham
410 walnut st.
Green Cove Spring, P1 32043

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:	
Kitchen Encounters of Clay County L.C.	
2. The name and address of the registered agent and office is:	OIVISION 98 MAR
M. Brett Hutchings (NAME)	TARY
410 Walnut St. (P. O. Box <u>NOT</u> ACCEPTABLE)	OF STATE RPORATIONS PM 12: 05
Green Come Spring P/ 320 43	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

M-Brett 2/2/98 (DATE)

Filing Fee: \$ 35 for Designation of Registered Agent

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of			
the above named limited liability company has at least two members			
the total amount of cash contributed by the member(s) is	\$ <u>Z</u>	200 %	:
if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$_	Ð	<u></u> .
the amount of cash or property anticipated to be contributed by member(s) is	\$_	0	
the total amounts of 2, 3 and 4 is	\$_	200	, 💇

1)

2)

3)

4)

5) the total amounts of 2, 3 and 4 is

Signature of a member or anthorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)